

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Barbara Kamensky  
6500-4 Green Island Drive  
Columbus, GA 31904

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
☒ Addressee  
X *Michael Beale*

B. Received by (Printed Name) *9-18-07 (TB)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

*07 cv 798*

3. Service Type ☐ Express Mail  
☒ Certified Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ C.O.D.  
☐ Insured Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7006 2760 0002 4407 5019

Domestic Return Receipt

102595-02-M-1540